Medicare Payment for Drugs and Biologics

Rare Plasma Protein Disorders FDA Workshop June 13-14, 2005 Jim Bowman MD MSM

Overview

- Statutory payment systems, treatment settings, and types of blood products
- Medicare Modernization Act (MMA)
- New Average Sales Price (ASP) and Competitive Acquisition programs
- New IVIG Home Infusion benefit

Medicare Modernization Act (MMA)

- Public Law 109-173, December 8, 2003
- Social Security Act (SSA) "The Act"
 Title XVIII authority for Medicare
 "Health Insurance for Aged and Disabled"
- Changes drug payment methodology
- Adds benefit for IVIG home infusion

Treatment Settings

- Inpatient Hospital DRGs
- Hospital Outpatient Prospective Payment System (HOPPS) - APCs
- Physician Office "incident to …"
- Home Infusion per MMA Section 642 (only for Primary Immune Deficiencies)

Payment for Blood Products Based on Product Type and Setting

PRODUCT SETTING	BLOOD	PLASMA & DRUGS	CLOTTING FACTORS
INPT	DRG	DRG	95% AWP
HOPPS	APC	MMA	MMA
Physician Office	Unchanged	ASP + 6%	ASP + 6% + 14c/unit

HOPPS Drug Payments - 2005

- MMA 621 amends SSA 1833(t)
- Sole Source: 83% < \$ < 95% AWP
- Multi-Source Innovator: \$ < 68% AWP
- Multi-Source Non-innovator: \$ <46% AWP
- 2006 and beyond:
 - 1. ave. acquisition cost per GAO survey
 - 2. or (w/o survey) ASP method (proxy)

HOPPS - Drug Categories Section 1833(t)(14)(F)

- Sole Source
 - 1. biologic Sec 1861(t)(1), or
 - 2. single source drug Sec 1927(k)(7)(A)(iv) originally marketed under FDA NDA
- MS Innovator Sec 1927(k)(7)(A)(ii)
 originally marketed under FDA NDA
- MS Non-innovator Sec 1927(k)(7)(A)(iii)
 MS but not a MS Innovator drug

HOPPS – Drug Exceptions Sect 1833(t)(14)(B)(ii)

- Payment first made after Jan 1, 2003
- No temporary HCPCS code assigned
- Orphan Drugs (in 2004 and 2005)

2005: higher of 88% AWP or ASP + 6%

2006: pending HOPPS Proposed Rule

Physician Drug Payments (incident to physician services)

- MMA 303(b) amends SSA 1842(o)(1)
- MMA 303(c) adds SSA 1847A (new)
- SSA 1847A: "Average Sales Price" (ASP)
- Sole Source Drug: basis amount is lesser of ASP or "Wholesale Acquisition Cost" (WAC)
- Physician payment is basis amount + 6 %

"Single Source Drug"

- Biological, or
- Drug
 - 1. not a Multiple Source drug
 - 2. distributed under FDA NDA

Exceptions to "ASP" method Sect 1842(o)(1)

- Infusion drugs thru DME 95% AWP or DME comp acq after Jan 1, 2007
- Separately billed dialysis drugs/biologics
- Blood and blood products no change
- Vaccines per Sect 1861(s)(10)(A) or (B)
- No exception for Orphan Drugs

ASP Method

- SSA 1847A(c)(1) ASP for drug or biologic
- Manufacturer's sales (\$) to all purchasers divided by total number of units sold
- Certain sales exempted from calculations
- Sales price net of discounts and rebates

WAC Method

- SSA 1847A(c)(6)(B) WAC for drug/biologic
- Manufacturer's list price for the drug to wholesalers or direct purchasers
- Excludes prompt pay or other discounts, rebates or reductions in price
- Reported in wholesale price guides or other publications of drug pricing data

Competitive Acquisition

- MMA 303(c) adds SSA 1847B (new)
- Begins phased roll-out January 1, 2006
- Physician selects payment method each yr
- Exclusions per Secretary discretion for
 - 1. no significant savings to Medicare, or
 - 2. adverse impact on access to products

IVIG Home Infusions for Primary Immune Diseases

- MMA Sec 642 amends SSA 1861(s) and adds SSA 1861(zz) (new) effective 2004
- Payment method: ASP + 6%
- Part B deductibles and co-pays apply
- Excludes administration items & services
- Pharmacies, hosp, physicians bill DMERC
- HH Agencies bill Regional HH Intermed.

New IVIG HCPCS Codes effective April 1, 2005

- Q9941 IVIG lyophilized, 1 gram
- Q9942 IVIG lyophilized, 10 mg
- Q9943 IVIG non-lyophilized, 1 gram
- Q9944 IVIG non-lyophilized, 10 mg
- J1563 Inactive for Medicare payment
- J1564 Inactive for Medicare payment

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